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1010 Richards Street

Mailing Address: Annual Filing, P.O. Box 113600, Honolulu, HI. 96811

DOMESTIC PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ENDED DECEMBER 31, 2001
CORPORATE NAME AND MAILING ADDRESS:

SPORTS SHINKO (PUKALANI) CO., LTD.
360 PUKALANI ST
PUKALANI HI 96788

If above mailing address has changed, line out and print change to the right.

If address of principal office differs from the above mailing address, state the address of the principal office. Give Number, Street, City, State and Zip Code: _____

1. AUTHORIZED CAPITAL		PAID-IN CAPITAL (NUMBER OF SHARES ISSUED)	
CLASS	NUMBER	CLASS	NUMBER
COMMON	20,000	COMMON	1,000

To correct the above capital(s), line out and print the correct class and numbers on the right.

2. NATURE OF BUSINESS:

GOLF COURSE OPERATION

(To correct, line out and print corrections below. If inactive during the period, state INACTIVE.)

3. Street address of the registered office in Hawaii and the name of the registered agent at that address.
(See reverse for instructions.) (If any change, line out and print change on the right.)

OFFICERS/DIRECTORS: (List all officers and directors. To correct, line out and print corrections on the right. See reverse for instructions.)			
OFFICE HELD/ DIRECTOR CODE	NAME IN FULL	ADDRESS (INCLUDE CITY, STATE & ZIP CODE)	
	KINOSHITA, TOSHIO	6-20-8 SEIJO SETAGAYA-KU	TOKYO
	KINOSHITA, SATOSHI	1139 MAKAIWA ST	HONOLULU HI 96818
	KINOSHITA, TAKESHI	2-26 SHUKUGAWA PARK HOMES	#605 (S) 00 RPT
	FUKUDA, TSUGIO	2-22-7 NAKAMURA NERIMA-KU	TOKYO 176 JA
	TSUJIMOTO, TAKUYA	95-186 WAINAKU PL	MILILANI HI 96788
	MUKAI, FRANKLIN K	1140 WAIHOLE ST	HONOLULU HI 96821

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DIVISION

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DEPARTMENT OF
COMMERCE AND
CONSUMER AFFAIRS
STATE OF HAWAII

☒ NO CHANGES: Do not check this box if changes have been made above. (Checking this box means there are no changes reported. The Department will not be held responsible for any changes made to this report.)

CERTIFICATION

I certify under the penalties of Section 414-20, Hawaii Revised Statutes, that I have read the above, the information is true and correct, and I am authorized to sign this report.

DATE: 3/22/02

T. Tsujimoto

Takuya Tsujimoto
Print Name

FILE NO. 0069566D1
Rev. 1/2002

Signature of authorized officer, attorney-in-fact
for an officer, or receiver or trustee
(if the corporation is in the hands of a receiver or trustee)

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2001



File this original
(SEE REVERSE SIDE FOR INSTRUCTIONS)



EXHIBIT JT

I HEREBY CERTIFY that this is a true and correct copy of the official record(s) of the Business Registration Division.



Paul E. Rechtenwald
DIRECTOR OF COMMERCE AND
CONSUMER AFFAIRS

Date: *November 18, 2005*